

MONTANA STATE BOARD OF NURSING
DEPARTMENT OF LABOR & INDUSTRY
301 S PARK
PO BOX 200513
HELENA MT 59620-0513
FAX (406) 841-2305 PHONE (406) 841-2340 or 841-2344

LICENSEE PROBATION REPORT

Report due date: _____

Reporting period: _____

1. Licensee's Name: _____ License #: _____

2. Current Address: _____

_____ Phone #: _____

3. Name of Employer: _____

Address: _____

Phone #: _____

Name of Immediate Supervisor: _____

4. Describe work setting and responsibilities if employed in nursing: _____

5. Name of Counselor: _____

Address: _____

Phone #: _____

6. Comments (describe briefly):

(a) Self image: _____

(b) Confidence level: _____

(c) Support system and its effectiveness: _____

(d) Accomplishments: _____

(e) Goals: _____

(f) Other: _____

7. Licensee's signature _____ Date: _____

PLEASE NOTE:

Licensee is responsible for insuring this report is received by the Board on or before the **DUE** date. Failure to do so places licensee in violation of probation and could result in further action.